



NOTE TO CANDIDATE: The following information is needed to help make the best possible employment selection. All portions of this application pertaining to you must be completed. Florence Crittenton is committed to a policy of providing equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, age, gender, religion, national origin, marital status, physical or veteran status, disability, genetic information, or any other characteristic protected by law. If an accommodation is required, it is the responsibility of the candidate to inform the Human Resources Representative. All final candidates for employment are required to submit to and pass a drug test prior to a final offer of employment.

Name _____ Date _____
Last First Middle

Address _____
Street City State Zp

Primary Phone: (____) _____ Business Phone: (____) _____

Email Address _____ Are you age 21 or over? [] Yes [] No

Position Applying For: _____ Available start date: _____

Referred by: _____

What type of employment are you interested in (check all that apply)?
[] Full Time Regular [] Part Time Regular [] Other (Explain _____)

Check all that apply:
[] Willing to work additional hours, if needed.
[] Willing to work weekends, if needed.

What days and/or hours are you unable to work? _____

Are you a former Florence Crittenton employee? []Yes []No If yes, provide dates: _____

Are you legally eligible for employment in the U.S.? []Yes []No (Proof of identity & eligibility will be required upon employment.)

If you were referred to us, please provide the following: Individual's name: _____
Relationship to you: _____

Do you have any relatives working here? []Yes []No If yes, provide name: _____
Relationship to you: _____

How did you learn of this opening? _____

Have you ever been excluded from participation in any state or federal health care program? []Yes []No

Have you ever been excluded debarred, suspended, or otherwise excluded from participating in any other Federal procurement or non-procurement program or activity? []Yes []No



Certifications, Licenses & Endorsements

Include expiration dates, etc. Verification will be completed based upon information provided.

Certificates, Endorsements or Licenses (Explain Type)	State of Issue	Issued/Award Date	Expiration Date

Fingerprint Clearance Card (Unexpired)

___Yes ___No

Card Number: _____ Issue Date: _____ Expire Date: _____

Education

School	Name & Address of School/College/University	GPA	Course of Study (Provide Major)	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree (Do not provide year)
High School	Name: Address:		NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Associates Degree Trade/Vocational	Name: Address:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Undergraduate	Name: Address:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Undergraduate	Name: Address:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School	Name: Address:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School	Name: Address:			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Foreign Language (Complete it is a position requirement.) An assessment may be completed prior to hire.)

Language	Proficient in Reading	Proficient in Speaking	Proficient in Writing
	Circle One: Fluent Conversationalist N/A	Circle One: Fluent Conversationalist N/A	Circle One: Fluent Conversationalist N/A
	Circle One: Fluent Conversationalist N/A	Circle One: Fluent Conversationalist N/A	Circle One: Fluent Conversationalist N/A



Employment History

- Provide at least 5 years and start with current/recent positions.
- Please provide accurate and complete employment history.
- If you attach a resume, please do not indicate "see resume".
- Use additional paper, if necessary.

Have you ever been asked to resign or involuntarily been terminated from a job?

Yes No If yes, please explain: _____

Have you encountered gaps in your employment history that are not due personal illness, injury or disability?

Yes No If yes, please explain, but please **do not list** information pertaining to personal illness, injury or disability.

LIST AT LEAST FIVE YEARS OF EMPLOYMENT

1 Employer	Address, City, State, Zip	Telephone
Dates of Employment: From: _____ To: _____ <small>(Month & Year) (Month & Year)</small>	Salary Start: _____ per _____ End: _____ per _____	
Beginning Title:	Ending Title:	
Name and Title of Supervisor:		
Description of Duties:	Reason for Leaving:	
May we contact employers listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		

2 Employer	Address, City, State, Zip	Telephone
Dates of Employment: From: _____ To: _____ <small>(Month & Year) (Month & Year)</small>	Salary Start: _____ per _____ End: _____ per _____	
Beginning Title:	Ending Title:	
Name and Title of Supervisor:		
Description of Duties:	Reason for Leaving:	
May we contact employers listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		



Employment History continued

3 Employer	Address, City, State, Zip	Telephone
Dates of Employment: From: _____ To: _____ <small>(Month & Year) (Month & Year)</small>	Salary Start: _____ per _____ End: _____ per _____	
Beginning Title:	Ending Title:	
Name and Title of Supervisor:		
Description of Duties:	Reason for Leaving:	
May we contact employers listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		

4 School Name or Employer	Address, City, State, Zip	Telephone
Dates of Employment: From: _____ To: _____ <small>(Month & Year) (Month & Year)</small>	Salary Start: _____ per _____ End: _____ per _____	
Beginning Title:	Ending Title:	
Name and Title of Supervisor:		
Description of Duties:	Reason for Leaving:	
May we contact employers listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		

***IF NEEDED, PLEASE CONTINUE EMPLOYMENT HISTORY ON THE BACK OF THIS SHEET.**

Driving Records (Complete for driving positions only.)

Do you have a valid unexpired driver's license: Yes No Specify State of Issue: _____

Do you have access to a vehicle to use for business purposes, if applicable to the position? Yes No

Is there any reason that you would not be approved as a driver when a motor vehicle record report is run? Yes No

If yes, explain: _____

Criminal Records

Have you ever been convicted of a crime(s), including misdemeanors? Yes No If yes, explain in full:

*(NOTE: The conviction of a crime does not necessarily exclude a candidate from consideration of employment).



Professional References

List three professional references who have knowledge of your professional experiences. Only list people you want contacted. All information below is required. **Please do not list relatives, friends or Florence Crittenton employees.**

Name	Telephone	Occupation / Business	Relationship	How Long Known

(This space intentionally left blank.)

**APPLICANT ACKNOWLEDGEMENT OF TERMS AND
CONDITIONS OF APPLICATION**

In exchange for **Florence Crittenton Services of Arizona (a.k.a. Florence Crittenton)** consideration of this employment application:

I certify that all information I have supplied in this application and any other form, oral or written is true and accurate, and I agree that any misstated, misleading, incomplete or false information is grounds for rejection of this application, refusal to hire or immediate discharge without recourse.

I understand and agree that **Florence Crittenton**, any agent acting on their behalf, as well as any other person responding to reference request pursuant to this application, can and will seek and/or disclose any and all information about me which **Florence Crittenton**, agent or agents, or persons may have. I specifically authorize said disclosure and agree to hold all such corporations, agents, or persons harmless for the same. That is, I will not file a lawsuit, claim or charge against them for such disclosure. Nor will I threaten same or otherwise seek any kind of compensation for such disclosure.

I understand and agree with the fact that **Florence Crittenton** maintains a drug-free workplace, that maintenance of it is essentially for the safety of the workplace and employees, and that I may be required to undergo drug and/or alcohol impairment screening and testing. I also understand and agree that I may be subject to such testing during the course of my employment. I understand that, subject to applicable law, **Florence Crittenton** shall be the sole judge of the acceptability of any tests results. I also acknowledge that I have been advised that **Florence Crittenton** is an Equal Opportunity Employer and that **Florence Crittenton** administers its employment policies in a nondiscriminatory manner.

I specifically authorize **Florence Crittenton** to investigate my background, including any and all references, available criminal and other judicial records, and my credit record, consistent with applicable law. I understand that **Florence Crittenton** will notify me if and when a credit record investigation is performed, and the sources investigated. I authorize **Florence Crittenton** to use all legal means at its disposal to assess my suitability for employment. I make this authorization in return for **Florence Crittenton** consideration of me for employment, and I specifically release and hold **Florence Crittenton** harmless for any and all liabilities arising out of their investigation of my application for employment.

I understand and agree that, if hired, my employment will be at-will, and that I or **Florence Crittenton** can terminate this employment relationship at any time, with or without notice or cause, for any reason not prohibited by law.

I hereby certify that I have read and understand the Terms and Conditions of this Application for Employment.

Applicant's Signature _____

Date _____

This application for employment will remain active for a limited time.

Equal Opportunity Employer